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RR RUEHAST RUEHCHI RUEHCN RUEHDH RUEHDT RUEHHM RUEHLN RUEHMA RUEHPB  
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DE RUEHHI #0418/01 1191036  
ZNR UUUUU ZZH  
R 291036Z APR 09  
FM AMEMBASSY HANOI  
TO RUEHC/SECSTATE WASHDC 9598  
INFO RUEHHM/AMCONSUL HO CHI MINH 5832  
RUEHZN/ASEAN REGIONAL FORUM COLLECTIVE  
RUEHZN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE  
RUEHUL/AMEMBASSY SEOUL 3544  
RUEHKO/AMEMBASSY TOKYO 6108  
RUEHHK/AMCONSUL HONG KONG 1770  
RUEHGZ/AMCONSUL GUANGZHOU 0044  
RUEHCN/AMCONSUL CHENGDU 0391  
RUEHIN/AIT TAIPEI 1657  
RUEAIIA/CIA WASHINGTON DC  
RUEHPH/CDC ATLANTA GA  
RUEHRC/DEPT OF AGRICULTURE WASHINGTON DC  
RUEAUSA/DEPT OF HHS WASHINGTON DC  
RHMFIUU/DEPT OF HOMELAND SECURITY IA WASHINGTON DC  
RHMFIUU/CDR USPACOM HONOLULU HI//J00/J2/J3/J5//  
RHMFISS/CJCS WASHINGTON DC//J2/J3/J5//  
RHEFDIA/DIA WASHINGTON DC//DHO-3//  
RHEFAFM/DIRAFMIC FT DETRICK MD//MA-1A//  
RUEKJCS/SECDEF WASHINGTON DC//USDP/ISA/AP//  
RUEHSUN/USUN ROME IT

UNCLAS SECTION 01 OF 02 HANOI 000418

SENSITIVE  
SIPDIS

STATE FOR EAP/MLS, EAP/EP, INR, OES/STC, OES/IHA, MED  
STATE PASS TO DS/IP/EAP  
STATE PASS TO USAID TO ASIA (MELLIS/DSHARMA/CJENNINGS) AND GH  
(GSTEELE/DCARROLL)  
DEPARTMENT OF DEFENSE FOR OSD/ISA/AP (STERN)  
CDC FOR COGH (SBLOUNT), CCID (SREDD) AND DIV-FLU (NCOX/AMOHEN)  
HHS/OSSI/DSI PASS TO FIC/NIH (RGLASS) AND OGHA (DMILLER/MABDOO)  
USDA PASS TO APHIS, FAS (OSTA AND OCRA), FSIS  
BANGKOK FOR RMO, CDC (MMALISON), USAID (MACARTHUR/MBRADY/CBOWES),  
APHIS (NCARDENAS), REO (HHOWARD)  
BEIJING FOR HHS HEALTH ATTACHE (EYUAN)  
PHNOM PENH FOR CDC INFLUENZA COORDINATOR (PKITSUTANI)  
ROME FOR FAO  
VIENTIANE FOR CDC INFLUENZA COORDINATOR (ACORWIN)

E.O. 12958: N/A

TAGS: [TBIO](#) [AMED](#) [PINR](#) [KFLU](#) [VM](#)

SUBJECT: AVIAN INFLUENZA CASE NUMBER 111, FOURTH THIS YEAR, ALL  
FATAL, VIETNAM

REF: Hanoi 260

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1. (SBU) Summary. On April 24, 2009, the MOH reported a fatal human case of highly pathogenic avian influenza A (HPAI) of the H5N1 strain in a 23 year-old woman in northern Vietnam. This is the fourth case reported from Vietnam in 2009, all of them fatal. Reporting to CDC Hanoi and the World Health Organization from the Ministry of Health (MOH) was prompt. A government field investigation combined animal and human health sectors. Local press coverage was prompt but with the usual scanty and conflicting information. End summary.

2. (SBU) The affected women lived in a rural commune in mountainous Quan Hao District, Thanh Hoa Province, approximately 170 km south of Hanoi. She was an unmarried hair dresser who had recently moved to the area for work. This is the fourth case reported from Vietnam in the 2009 calendar year, all of them fatal (Ref). As in the past two years, these cases have been sporadic and unrelated. In total, GVN has reported 111 cases and 56 case deaths from 2003 to present.

3. (SBU) The patient had onset of illness on April 15 and salient

findings included sudden onset of fever, headache, and sore throat. The same day, she sought care at local commune health station. Over the following days, however, the patient became more severely ill with exhaustion and difficulty in breathing; she was admitted on April 20 to the Quan Hoa District Hospital with signs of acute infection and hypotension. She was treated with antibiotics and steroids. On April 21, she was transferred to the Thanh Hoa Provincial Hospital where she was found to have pneumonia complicated by respiratory failure. Provincial health care providers suspected the diagnosis of HPAI A/H5N1 infection and notified the National Institutes of Hygiene and Epidemiology (NIHE), MOH. She was supported with mechanical ventilation and treated with the anti-influenza drug, oseltamivir (brand name, Tamiflu). She died with multiple organ failure on April 22. Samples tested positive for H5N1 and prompted a formal investigation by a team from NIHE of the MOH and local health authorities on April 24. [Note: This patient sought care on the first day of symptoms at the commune level; presented to the district hospital on day 5; received first doses of anti-viral medication on day 6, and died the next day. Anti-viral medication should have been administered within the first 48 hours of illness to have been maximally effective. This highlights the need to educate health care workers and patients on the importance of a history of exposure to sick and dead poultry in patients with influenza-like illness. End Note.]

14. (SBU) Epidemiological investigation in the village where the patient lived revealed that in a 1-2 week period before becoming ill she had been exposed to dead and sick chickens in her household flock, which she slaughtered and disposed of in a nearby river without using gloves or other protection or reporting. Further, she slaughtered and ate the remaining "healthy" chickens. Neighbors reported to investigators that 40 chicken and 24 ducks died in their household flocks, although this was apparently not reported to by animal health authorities at the time. The investigation revealed

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no further instances of associated illness in humans. Laboratory investigations of neighbors and close contacts revealed no further infections. In subsequent surveillance, results of tests by regional animal health office of some birds were positive for HPAI H5N1 infection.

15. (SBU) Control activities included culling of poultry (about 1000 of the 8600 in the commune) and environmental sanitation of the affected village. Pre-existing local animal health surveillance was reportedly poor, and the commune health unit capacity, limited. Enhanced surveillance was instituted for illness in persons and poultry. MOH reported good collaboration in the investigation and control actions between local authorities, and between MOH and DAH. Currently, only Quang Ngai province in central Vietnam is reporting outbreaks of AI in poultry in the previous 21 days.

16. (SBU) Comment. As with nearly all 18 A/H5N1 human cases in Vietnam since 2007, field investigations have demonstrated that suspicious animal outbreaks or illness were recognized by local residents before incidents of human illness. To what degree these were or were not reported to local authorities is unclear. However, in all instances, there was no formal response from higher level authorities prior to the recognition of these suspected human cases. End Comment.

MICHALAK